

# William Stewart Halsted

## *A Lecture by Dr. Peter D. Olch*

*Edited by J. Scott Rankin, MD*

**Abstract:** In the fall of 1979, Dr. David C. Sabiston Jr., as Chairman of the Department of Surgery at Duke University, called a chief residents' meeting to ask for suggestions regarding the upcoming Clarence E. Gardner History of Medicine Lecture (Dr. Gardner was the second Chairman of Surgery at Duke). Having just read MacCallum's biography of Halsted, I mentioned the topic of William Stewart Halsted, and Dr. Sabiston seemed interested. I subsequently learned that Dr. Peter D. Olch, Deputy Chief of the History of Medicine Division, National Library of Medicine, had been invited to give the lecture. Enthusiastic about the prospect, I obtained permission from Dr. Olch to tape his presentation and to copy his slides. It was a cold January day under clear Carolina skies when we accompanied Dr. Olch on the requisite tour of the Duke campus. We then escorted him to the packed lecture hall, and Dr. Sabiston gave his characteristically thorough introduction. Dr. Olch was physically and intellectually vigorous (Fig. 1) and delivered his address in a uniquely informative, even inspiring, manner. That evening, a dinner was given in Dr. Olch's honor, and the entire visit was quite remarkable. Shortly thereafter, Dr. Olch developed lymphoma, eventually lost a hard fight against the cancer, and never published this paper. Given Dr. Olch's extraordinary insight into Dr. Halsted's character, which was based on many years of assiduous study, it seemed appropriate to publish this work posthumously after a quarter century.

(*Ann Surg* 2006;243: 418–425)

From Vanderbilt University, Nashville, TN.

Transcribed and edited from a recording of the Clarence E. Gardner Lecture on the History of Medicine, given in the Department of Surgery, Duke University Medical Center, January 24, 1980.

Drs. Sabiston and Olch had worked together in Dr. Blalock's Surgery program at Johns Hopkins until Dr. Olch chose a career in medical history. Dr. Olch also was the son of Dr. L. Y. Olch, who had trained with Dr. Evarts Graham at Washington University. Of course, it was Dr. Graham who had mentored Dr. Blalock's Professor at Vanderbilt, Dr. Barney Brooks, and it also was Dr. Graham who had recommended Dr. Blalock for the Chairmanship at Johns Hopkins. A brief biography of Dr. Peter D. Olch is given in Dr. C. Barber Mueller's biography of Evarts A. Graham (London: BC Decker, 2002:439).

Reprints: J. Scott Rankin, MD, Vanderbilt University, 2400 Patterson Street, Suite 103, Nashville, TN 37203. E-mail: jsrankinmd@cs.com.

Copyright © 2006 by Lippincott Williams & Wilkins

ISSN: 0003-4932/06/24303-0418

DOI: 10.1097/01.sla.0000201546.94163.00

A considerable amount has been written about Dr. William Stewart Halsted, a fascinating figure in American surgery, primarily by intimate friends and distant admirers. In this lecture, I will try to be very objective and will discuss some aspects of his personal and professional life with considerable candor; and I hope you realize that it is done with tact, and not in any way trying to ridicule or hold the man up for criticism. My initial interest in Dr. Halsted (Fig. 2) as a subject for intense investigation was stimulated by the experiences I shared in 1955 and 1956 with my fellow interns on the Halsted Surgical Service at the Johns Hopkins Hospital. My physical and mental fiber was tested as never before or since. On-call 24 hours a day, 7 days a week, with an average of 3 or 4 hours of sleep (frequently snatched on OR carts or recovery room beds with those never-to-be-forgotten rubber under-sheets that guaranteed we awoke totally immersed in perspiration), all of this encompassed in the house staff an esprit de corps of such fervor, that everyone eagerly worked until he dropped. This was truly a very unique experience, and it left an indelible impression on my mind. On more than one occasion that year, I would fall off to sleep wondering what sort of man was responsible for the program in which I found myself immersed. Little did I know that someday I would have the opportunity and pleasure to devote many hours, over a number of years, to an in-depth study of Dr. Halsted. This quest for information has taken me to manuscript collections in Baltimore, Washington, New York City, New Haven, and Columbia, South Carolina. It has taken me to the newspaper morgue and County Medical Society in Santa Barbara, California, to a mental hospital in Providence, Rhode Island, to the Civil War battlefield at Brandy Station, Virginia, and to graveyards here in the hills in western North Carolina. I have interviewed former colleagues and members of his family. My children for years referred to Dr. Halsted as Uncle Willy, and my home is still filled with replicas of owls, all because of continuing involvement with William Stewart Halsted. Now I hasten to restate that my intentions were not to cast smut upon his fine white linens, nor to remove him from a pedestal (or to paraphrase a statement made by Dr. Cyril O. Houle some years ago in writing about William Osler: "Indeed it is growing increasingly difficult to see him clearly through the clouds of incense rising from the altars erected to his memory by his former associates and friends").

Since his death in 1922, more than 80 articles and 3 books have appeared about this man, whose place in the pantheon of surgeons is generally considered on a par with

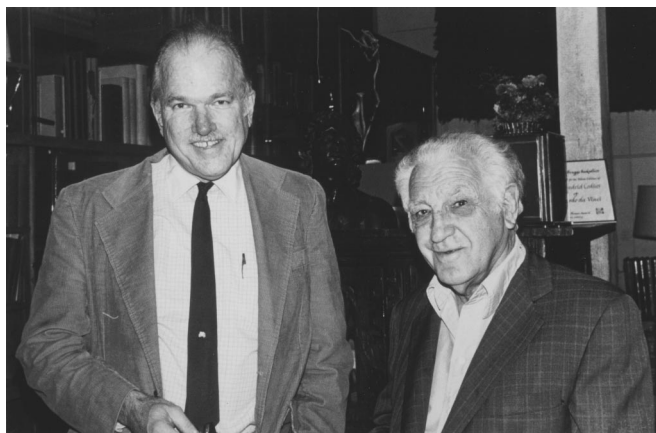


FIGURE 1. Dr. Olch (left) with Mr. Jake Zeitlin at Mr. Zeitlin's Los Angeles antiquarian bookstore in the early 1980s. (Reproduced with permission from Mrs. Mary Olch.)

Joseph Lister and Theodore Billroth, and not too far behind John Hunter. But despite such popularity and renown, some aspects of his life remain shrouded in mystery, or masked by suppression of information or misconception. This afternoon,



FIGURE 2. Dr. Halsted by Stocksdales from W. G. MacCallum's book, *William Stewart Halsted* (Johns Hopkins Press, 1930). (Reproduced with permission from the Johns Hopkins Archives, Johns Hopkins Press.)

I will briefly outline the highlights of his career, share with you some of the amusing and some of the tragic incidents in his life, and hopefully leave you with at least a slightly better impression of his complex character.

Dr. Halsted was born on September 23, 1852. I will not bore you with a lot of genealogy, but he was the son of William Mills Halsted, Jr., and Mary Louise Hanes. This was a family whose ancestor, Timothy Halsted, arrived in the vicinity of Hempstead, Long Island in 1657. The next generation of Halsteds moved from Long Island to the area of Elizabethtown, New Jersey, where Robert and Caleb Halsted were born in 1746 and 1752. These are the first 2 physicians in Dr. Halsted's direct ancestral line. Robert, particularly, is remembered as being rather obnoxious as far as the Loyalists were concerned at the time of the American Revolution, and actually was imprisoned for a while by the British in New York City. One of Robert Halsted's 5 children by his second wife was William Mills Halsted, the grandfather of Dr. Halsted, and the founder of a prosperous firm of wholesale importers of dry goods in New York City. For 75 years, the Halsted Haines Company placed the family in a prominent financial and philanthropic position.

Dr. Halsted's grandfather invested large sums of money in the Chicago area through a distant cousin, William B. Ogden, who acted as an agent for many eastern investors who would loan money to settlers to purchase land. Phenomenal interest rates or partial control of the land was the price of the loan, and both Ogden and his investors made quite a financial killing. It so happened that Ogden became the first mayor of the incorporated Chicago and changed the name of Dior Avenue to Halsted Street. Many of you probably are familiar with Halsted Street; it is still so named in Chicago. I have been told, and I believe, that it is the longest street in the city. I also gather that, at this point in time, it is in one of the worst sections of town. Apparently, the name was changed because the Halsted family ceded certain property rights to the city on its incorporation. Interestingly, this same gentleman, William Mills Halsted, was the founder of the American Bible and Tract Society, and the Union Theological Seminary, as well as being Governor of the New York Hospital and Bloomingdale Asylum.

William Mills Halsted, Jr. followed his father into the dry goods business, and as a frugal and rigid businessman, kept the family fortune intact. I think an excellent illustration of this characteristic of Dr. Halsted's father is seen in an incident related by an intimate friend of the family. It seems that Dr. Halsted's younger brother, Richard, had been forbidden by Mr. Halsted to bring any friends home on weekends, because they ate them out of house and home. One Saturday night, however, Richard appeared with friends in tow, and so the story goes, on Sunday morning, the old man looked daggers at them but did not say a word. But when his son and friends left, each was presented with a bill for board and lodging. In short, Dr. Halsted's father was a rather tight-fisted, hard-nosed Presbyterian, whose letters, filled with hellfire and brimstone sent to William at college, were undoubtedly a factor in Dr. Halsted's professed agnosticism in adult life.

William Stewart Halsted was the oldest of 4 children. He was followed by Bertha, Mary Louisa, and Richard. I think a word about Richard might be in order, because he and Dr. Halsted were quite different in personality, and were not terribly close. Richard did not attend college but became a successful broker on Wall Street. Richard apparently was a rather heavy imbibor, and in 1915, he was hospitalized for GI hemorrhage, felt to be due to esophageal varices secondary to cirrhosis of the liver. He married late in life and had no children. Richard apparently came to William's aid and stood by him when the latter was suffering from his initial drug addiction, but there was never any reciprocation. With the death of Richard Halsted, this line of the family name actually came to an end.

When Dr. Halsted married Caroline Hampton, it was a merging of the wealthy merchant class of the north, with the planter aristocracy of the south. Caroline's mother, Sally Baxter Hampton, came from the same wealthy merchant class of the north as Dr. Halsted. It is very interesting to note that Sally courted many eligible males, including William Makepeace Thackeray, who became quite infatuated with young Miss Sally on a number of his lecture tours in the United States. However, in 1855, she married Frank Hampton of South Carolina, the younger brother of Wade Hampton, III, of Civil War fame, and later the Governor and Senator of South Carolina. The trials and tribulations of Mrs. Halsted's parents, as a house divided immediately before and during the Civil War, is a story unto itself. It is a story filled with tragedy, terminating with the premature death of Sally Baxter Hampton in 1862 of tuberculosis at the age of 29, when Caroline was less than a year old. The demise of Caroline's mother was followed by the death of her father, 9 months later at the battle of Fleetwood Hill at Brandy Station, Culpepper County, Virginia.

With the death of her parents, Caroline Hampton was raised by 3 maiden aunts. She surprised her family in 1885 by packing her bags, heading for New York City to enter nursing school, and graduating from the New York Hospital in 1888. She then moved to Baltimore, to be chief nurse of the surgical division of the newly opened Johns Hopkins Hospital in 1889. However, her independent and aristocratic nature immediately caused some friction with the superintendent of nurses. At this point, Dr. Halsted entered her picture again, for he immediately stepped in and appointed Caroline Hampton as Chief Nurse of the Operating Room, where she would have far more independence and not just incidentally be his scrub nurse. Osler in the *Inner History of the Johns Hopkins Hospital* stated:

"Dr. Halsted had very advanced ideas of teaching the nurses bacteriology, and it was soon evident that he was very interested in his pupil, Caroline Hampton. One Sunday morning, I went into the room in the pathologic laboratory and found Dr. Halsted teaching her osteology, demonstrating the fibula. I then knew all that was up with him, and I sat down and chafed him a few minutes. On leaving, I wrote on a slip of paper the following lines: 'But what delights could equal these that stir the spirit's inner deeps, when one who loves but

knows not, reaps the truth from one who loves and knows.' The engagement was announced within a week."

The wedding took place in Columbia, South Carolina in 1890 at the Trinity Episcopal Church, with Dr. William Welch as best man.

In passing, I am sure there is no one in this Department who has not heard something of the following story. As you all know, rubber gloves were actually introduced into the operating room because of the sensitive skin of one Caroline Hampton. She was a scrub nurse, and of course, she was continually immersing her hands in mercuric chloride. After she developed a severe dermatitis, Dr. Halsted arranged to have the Goodyear Rubber Company make some thin rubber gloves strictly for her use. It had nothing to do with asepsis. It purely was instituted because of her dermatitis, and in fact, it was probably not until about 3 years later, in 1896, when Dr. Joseph Bloodgood began to wear rubber gloves routinely with the idea of asepsis in mind.

To return to Dr. Halsted, his early education included a private school in Monson, Massachusetts and Phillips Academy, Andover, prior to entering Yale in 1870. He was a mediocre student, but an exceptional athlete. He first became seriously interested in medicine in his senior year. He entered the College of Physicians and Surgeons of New York in 1874, when it was a preparatory school, alike to Columbia College only in name. He was one of 550 students registered for that 3-year course. The lecture hall at P & S was smoke and dust-filled, dimly lit, and stiflingly hot. It was anything but conducive to learning. First-, second-, and third-year students attended the same lectures each year and crowded the wards together. The professor's entrance was greeted by catcalls, whistles, and yells, and general pandemonium raged between lectures. It is little wonder that the students turned in desperation to what were called private quizzes and preceptors for real instruction. Dr. Halsted's preceptor was Dr. Henry B. Sands. He also worked as a student assistant with Dr. John Call Dalton, Professor of Physiology. Halsted graduated among the top 10 members in his class, and 18 months later, completed a period of training in the fourth surgical division at Bellevue Hospital, where he came under the influence of Drs. Frank Hastings Hamilton, Tom Sabine, and Frederick Lang. Here is a picture of Dr. Halsted while on the housestaff at Bellevue; one can see him as a young man here. This actually is his future brother-in-law, Sam Vander Poele, and this is a gentleman by the name of Hotchkiss, who later became a very renowned surgeon in New York himself.

Following the strain of the fourth surgical division in the fall of 1878, and after a brief period as house physician (interestingly enough, not house surgeon, but house physician) at the New York hospital, he went to Europe for 2 years to further study in Austria and Germany, chiefly in the basic sciences and particularly in anatomy. He attended many clinical lectures and first became acquainted with the German system of graduate surgical education, which was to have a profound effect on his future as well as ours. In 1880, he returned to New York City, and shortly thereafter, joined the faculty of P & S as a demonstrator of anatomy. He became associated with his former preceptor, Sands, at the Roosevelt



Hospital, where Halsted actually initiated the Outpatient Department. He helped visiting or attending physicians at 4 other hospitals of the time, and he established his own private quiz. He had a private practice limited to surgery, and from all accounts, his quiz (teaching sessions with the students) was very sound academically. It even included laboratory training with Dr. William H. Welch, who had just recently returned from Germany and was beginning to introduce scientific medicine to the physicians of New York.

At this time in his career, Dr. Halsted was an exceedingly busy, respected teacher, and a socially active bachelor sharing office space and living quarters with another physician, Dr. Thomas A. McBride. Halsted was known as a bold and aggressive surgeon, a quality which was not to be part of his make-up in Baltimore. In 1884, while experimenting with cocaine hydrochloride as a surgical anesthetic, Halsted and several of his colleagues and students became addicted to the drug. In an attempt to overcome this addiction, he was hospitalized in Butler Hospital for 6 months in 1886, and for 9 months in 1887. This illness ended his professional career in New York City, and Halsted moved to Baltimore, Maryland in December of 1886, to work in the laboratory of William H. Welch, by then, Professor of Pathology for Johns Hopkins University. When Halsted had apparently regained himself, and the Hopkins authorities were convinced of his capabilities and reliability, he was appointed Surgeon-in-Chief to the hospital in 1890, and finally, Professor of Surgery in 1892. However, he probably never overcame the addiction.

During this period, Dr. Halsted and his coworkers developed neuro-regional anesthesia through experiments with cocaine. He also perfected the radical operation for carcinoma of the breast (which only recently has come under fire and now, of course, has undergone a rather important modification). He developed the Halsted operation for the treatment of inguinal hernia, performed physiologic studies of the thyroid and parathyroid glands, modified the technique for thyroidectomy, and last but certainly not least, published his early work on surgical treatment of vascular aneurysm. But truly more important was the methodical manner with which this gentleman approached any surgical problem. Whether in the laboratory studying basic principles of the care and handling of wounds, or at the operating table or bedside, his scholarly and painstaking approach was a model for many, although it is said an aggravation to a few. There is a story, which some say is apocryphal, that Will Mayo was visiting Johns Hopkins and was observing Dr. Halsted perform a radical mastectomy. It is said that Will stepped out of the operating room shaking his head after 2 hours and said: "My God, this is the first time I have seen the wound healing at the upper end while it is still being operated upon at the lower end."

Now, Dr. Halsted's later qualities as a teacher left something to be desired. He was an excellent teacher with the exceptional student or resident, but devoted little time to the others. This again, as we have noted, is in marked contrast to his teaching reputation in New York. He was a hard task master, and could be cruelly sarcastic on rounds or at the

operating table. He spent little time with the junior house staff, and even less with the medical students, who were generally just as happy because his rounds were known as "shifting dullness." In his weekly clinic with his students, he generally talked over the heads of about 95% of the group. It was a common habit for the students to take up a collection each week, to give to their unfortunate colleague who was assigned to present a case to "the Professor." However, those selected few residents, who trained under him for 7 years or more, were given complete patient responsibility, which was an unparalleled learning experience and a significant alteration to the German system initially adopted by Dr. Halsted. For his residents, Dr. Halsted's teaching style certainly was highly effective. I think there is little question that this "concentrated-responsibility" system of residency training was proposed, interestingly enough, by Dr. Osler to the Board of Trustees of the Johns Hopkins Hospital (not as I have been told, when I was at Hopkins, by Dr. Halsted, but by Dr. Osler). One can find this in the minutes of the Board of Trustees in 1890, but it was immediately and enthusiastically adopted by Halsted and several other clinical programs. Certainly, this model of residency training, which has evolved into the system that exists at Duke today, is probably the major contribution of that institution to American medicine.

Dr. Halsted's relations with his colleagues varied. At Hopkins, he was very close to Dr. Welch for obvious reasons, and also, to Franklin P. Mall, who was Professor of Anatomy. Welch had come to Halsted's aid at the time of his initial drug addiction, and Mall and Halsted became fast friends when they worked together in Welch's laboratory in 1887. When the former returned to Hopkins as Professor of Anatomy, the relationship grew even closer. There is little question that Mall was an important factor in Dr. Halsted's significantly improved support within the institution. Mall's support allowed Halsted to go from geographic-fulltime to straight-fulltime in 1911; in other words, from a partly salaried position to a fully salaried position, and no longer with the ability to have private patients. Dr. Halsted's relations with William Osler and Howard Kelly were more formal and professional. In all candor, I suspect Halsted felt that Osler was a bit of a clown. In fact, this has been all but intimated in some of Halsted's correspondence. The extrovert of New York was a retiring and shy individual in Baltimore, who often would go out of his way to avoid meeting people in the halls of the hospital, and he was very selective in his friendships. Some of the leading surgeons of the day, such as Rudolph Matas and W. W. Keen were guests at his home on occasion, but his aristocratic demeanor discouraged many individuals from approaching him. He felt the finest surgeons in the world were the leading surgeons of Austria, Germany, and Switzerland, and indeed, he made frequent trips abroad to their clinics.

Fortunately for us, some 200 patient fee records have been preserved among his private papers at Johns Hopkins. They provide a very interesting and enlightening picture of his relations with his patients during the period from 1894 to 1902, when he had a private practice. One recognizes the names of many prominent Maryland families, as well as

diplomats, Congressmen, and Supreme Court Justices, because of the obvious proximity to Washington, DC. I was pleased to learn that one of my heroes, John Wesley Powell of Colorado River fame, had been Halsted's patient for his third, and first successful, amputation-stump revision. A number of his professional associates, including Max Brödle, Adolf Meyer, John Shaw Billings, Abraham Flexner, and even Franklin P. Mall, all became candidates for his surgical services, but not all within this 8-year period. Dr. Halsted did not have a private office in town, but would see his patients at the hospital or examine them in their homes. Out-of-town patients were examined pre and postoperatively in their hotel rooms. He far preferred to operate at the Johns Hopkins Hospital, but on occasion would perform surgery in a Baltimore home for an added fee. He tried very hard to discourage out-of-town consultations in surgery by charging a rather hefty fee: from \$20 to \$75 per hour for time spent out of Baltimore, when the normal fee in his day was \$1 to \$2 per mile for a visit.

Dr. Halsted is shown operating on a case of osteomyelitis in Figure 3. Standing next to him are Dr. Bloodgood, Dr. Hugh Young, and Dr. Harvey Cushing. Directly across from Dr. Halsted is Dr. J. M. T. Finney. Giving the anesthesia (ether, open cone) is Dr. Frank Mitchell, who was one of the few people to leave the program and immediately go into private practice. Dr. Mitchell was very active in Washington DC, and one of the early figures of George Washington University Hospital. To provide an idea of some of the



**FIGURE 3.** "All-Star Operation" from *William Stewart Halsted* by W. G. MacCallum (Johns Hopkins Press, 1930). (Reproduced with permission from the Johns Hopkins Archives, Johns Hopkins Press.)

surgical fees, Dr. Halsted went to Providence, Rhode Island to perform surgery. The exact type of surgery we don't know, but he has listed, "detained 4 1/2 days," and has figured an appropriate fee for the time. It is very interesting that the service for assistants is provided as \$200. It was much more common to find 2 residents and 2 nurses accounted for something like \$40, overall. I could never figure out why the bill was \$200, but to make a long story short, I think the reason was, it was Harvey Cushing. Harvey Cushing had gone to Providence and had been left with the patient post-operatively. The patient was irascible according to Cushing, and the family was even worse. Cushing was very upset about being left in this position, and when he returned to Baltimore, he let this be known through the grapevine to Dr. Halsted. You will find, in the Cushing papers, a letter from Halsted, apologizing profusely for the situation and saying: "Dr. Cushing please submit your bill, I will add it to mine." That is exactly what the \$200 assistant bill is, and the amount was really quite unusual for that day.

On another occasion, Halsted received a frantic telegram from Dr. Whitehead pleading: "Come - on first train tonight, otherwise too late. In this intussusception child, regardless of cost, if you can't come, send a substitute. First train tonight." Well, Dr. Halsted hired a special train, and was on his way to Salisbury, North Carolina, when a second telegram intercepted the train at Alexandria, Virginia stating: "Please have a special stop for Dr. Halsted. Don't come until further notified." One would infer that the child finally passed a stool and was not a case of intussusception. But Dr. Halsted was well on his way, and you can sense his mood, or at least get some impression of what his mood must have been, because he submitted a bill, even though he didn't get further than Alexandria, Virginia. I would add that he only collected \$200, however. There were also comments regarding an operation for intestinal obstruction in a Hagerstown, Maryland farmhouse. I think the comments were classic, and I'll quote them if I may: "Terrific operation, also highly dramatic; electric lights gave out; lamp nearly exploded, and set house on fire; patient stopped breathing; artificial respiration; inexperienced assistants; ether gave out because etherizer had so asphyxiated patient, he got neither air nor anesthesia; life of patient saved thus far; 5 hundred dollars by agreement, should be \$5000."

Halsted obviously applied the floating scale for determining his fees. He often transported, hospitalized, and operated at Hopkins upon individuals from the North Carolina mountains around his summer home, High Hampton. With these "neighbors," the Halsteds would cover all the expenses themselves. At the other end of the scale, one can find a bill submitted for amputation for a popliteal artery thrombosis for \$13,825; and this, of course, was in the years prior to income tax. Finally, I did make an attempt, in all fairness, to compare Dr. Halsted's fees to those of the time, because through the years I would hear people say: "I wonder what Dr. Halsted charged for radical mastectomy." Where it was possible, we gathered together numbers that were available, and the range was from \$100 to \$2500. When comparing these to what were called "fee bills," one being a national average, another

for New York, another for Baltimore, one can see that Halsted's fees, with rare exception, were not outlandish whatsoever. At first, I thought standard fees were set up to protect the patient, but I regret to inform you that, in this day, the county medical societies posted fees, so that if any physician charged less, he was severely castigated and reprimanded for doing so. It really was price control, one might say.

Some of Halsted's notations on his bills are delightful glimpses of his innermost thoughts regarding his patients. This is a man whose picture was painted to me as being very stern, cold, and humorless (at least while I was training at Johns Hopkins and in medical school). But let me quote again, for instance, after examining a 3-year-old girl with cervical lymphadenopathy, we find a note: "A terrible kid, consult \$50 at least, one hour's torture by child." Or his comment on a \$500 bill for performing a gastrosplenectomy: "Paid within 12 hours." Following a shoulder amputation for a humeral tumor, he received \$100, presented in the operating room: "That doesn't happen too often." His anger is evident when a patient, whom he charged \$500 for a cholecystectomy, apparently paid the hospital \$150 instead (which in those days was perfectly acceptable). In a sense, the institution was practicing medicine, and actually, Osler, Kelly, and Halsted were not supposed to collect private fees (but they did). Scribbled across another bill is the statement: "Very wealthy; outrageously small bill." And finally (a little sociological note), Halsted says: "Patient sent by Dr. H. Latter, very much of a gentlemen, more like a New Englander." Now remember, Halsted comes from New York, which is reflected in the statement: "The judge, a patient, a typical southerner, rather rough and uncouth." (Obviously not his opinion of Mrs. Halsted's background.)

I would like to briefly discuss his personal life to give us a little more insight into his personality. Figure 4 shows his home at 1201 Eutaw Place, after being boarded up and shortly before being torn down in 1966 in a Baltimore urban renewal project. It was arranged with a dining room and 2 rooms of library space for secretaries on the first floor. Dr. Halsted's living and working quarters were on the second



**FIGURE 4.** Halsted's home (photograph taken by Dr. Olch in 1965). (Reproduced with permission from Mrs. Mary Olch.)

floor, and Mrs. Halsted's living quarters were on the third floor. They prepared their own breakfasts alone in their respective living quarters, and he generally was away at mid-day. They would have their evening meal together and visit from about 7:00 to 8:30. He then would retire to his study on the second floor, and she to her quarters on the third. This was not that unusual, of course, reflecting the Victorian style of living. Visiting dignitaries were occasionally entertained at their home, but after a period, the entertaining was done at the Maryland Club without Mrs. Halsted. Dr. Halsted may have been responsible, in part, for Mrs. Halsted's aversion to entertaining at home, as he insisted on putting together the menu, selecting certain food items himself at the Lexington market, choosing the flowers, etc. It is said on good authority that the tablecloth had to be ironed in place on the table to ensure the absence of wrinkles. He prepared a particular brand of Turkish coffee (after scrutinizing the selection of coffee beans) that was guaranteed to keep his guests awake for the rest of the night.

The search for perfection was obvious in many areas of Dr. Halsted's daily life. His shoes were all imported from a particular Paris boot maker. Other leather goods came from a specific London firm. For many years, I heard the laundry story while at Hopkins, and said surely it was apocryphal, but I have seen evidence for the story in stacks of Parisian laundry slips. His linen shirts *were* mailed abroad to Paris for quite some time, because he was unable to find a laundry in Baltimore that could launder a dress shirt to his satisfaction. In fact, those laundry slips can be seen today. His home was filled with antiques. Though his extensive private library contained chiefly surgical and related medical monographs, his literary tastes were really quite broad. We have a number of letters in the archives of the National Library of Medicine that he wrote to Dr. Fielding H. Garrison (then the Surgeon General's Library) asking for suggestions for light reading to take with him on his summer retreat to the mountains. He was a heavy smoker of cigarettes, but rarely imbibed more than an occasional glass of wine. As noted earlier, in matters of religion, he was agnostic. A letter to Professor Adolf Meyer in 1918 thanked Dr. Meyer for a gift of the 13 volume set of the *Golden Bough* by Frazer, which Halsted then described as: "Such a stupendous and bloodcurdling work." Halsted also stated:

"What a fearful thing is ignorance. Its disciples, from the Khonds to Cotton Mather, Jonathan Edwards, and modern clergymen, all seem to have the same genes. Walking encyclopedias may still live in the dark ages. By the time I have absorbed the 13 volumes, I shall probably release my pew in the church, and break loose from the pious bloodthirsty cruel soul savers."

I hasten to add that, in spite of such statements as this, Dr. Halsted throughout his life supported the small Episcopal Church at Cashiers, North Carolina, on the High Hampton property. Although he never attended the church, Halsted funded the congregation, which was sponsored previously by the Hampton family.

Now speaking of High Hampton, the North Carolina mountain property left to Caroline by her aunts, Dr. Halsted



would leave Baltimore without fail for this destination on or about June 1st and return around October 1st. The Department of Surgery over that period was the responsibility of Dr. J. M. T. Finney, Halsted's Senior Resident: that would be a 4-month spread. The members of the Board of Trustees of the hospital were not happy about this annual disappearance, this extended vacation, and one can find critical comments in their minutes on several occasions through the years. However, their displeasure did not prevent the annual event. High Hampton was the country estate where both Wade Hampton II and III rode, hunted, and escaped the summer heat and malaria of Columbia or Charleston, South Carolina. Dr. Halsted purchased the 450-acre property from Mrs. Halsted's aunt shortly after their marriage. Life at High Hampton was a time for quiet contemplation, as well as writing, raising a superior collection of dahlias which he prized, and following the amateur hobby of astronomy. Mrs. Halsted, who generally arrived in May and stayed until Thanksgiving, literally ran the farm, directed the hired hands, and supervised the planting of those acres to which she was so devoted. She preferred the outdoor life at High Hampton by far to the social amenities of Baltimore. Under their loving care, the estate flourished, and grew in size from 450 acres to 2000 acres.

Dr. Halsted gradually bought out the surrounding small farmers, offering from \$1 to \$5 per acre. There was one such transaction which ended in tragedy, placing Dr. Halsted's name forever in the annals of North Carolina folklore. It is the legend of the White Owl of High Hampton, and it is also the explanation for my house full of owls. It seems that, in 1897, he offered one Hannibal Heaton, a neighbor who had 50 acres siding on his property, a certain price for his homestead. Well, Mr. Heaton was willing to make the sale, but Mrs. Heaton was not. She got terribly agitated, and was so upset that her husband would give up their homestead, that she actually threatened to kill herself if her husband carried out the dastardly act. Well indeed, Mr. Heaton ignored her threat, but on his return home after the sale to Dr. Halsted, he found his wife hanging from an oak tree on their property. This is an artist's depiction of the event (Fig. 5), and the legend states that about her head was flying a white owl screeching like a crying woman. Mr. Heaton vanished from sight never to be seen in the valley again, but Mrs. Heaton's grave can be visited today in the upper Zachary Cemetery on High Hampton property. This is a picture of High Hampton taken within the past 5 years, and as it appears today. The photographer is standing on top of Rock Mountain looking down at the artificial lake, which has now been dammed and stocked with fish. There is a lovely 18-hole golf course, 7 quick-drying tennis courts, and it is a very pleasant resort near Cashiers, North Carolina, at least for all of us who are interested in keeping the history of the Hamptons and Halsteds very much alive.

Dr. Halsted was at High Hampton at the onset of his terminal illness. He had undergone gallbladder surgery in 1919, but in the summer of 1922, the characteristic symptoms and marked jaundice recurred. He returned to Baltimore where he was operated upon again, and in fact, residual stones were found in his common duct. These were removed, but he died postoperatively on September 7, 1922, basically due to bac-



**FIGURE 5.** Oil painting "The White Owl of High Hampton" by Ms. Lily Byrd McKee. (Reproduced with permission from William D. McKee, Jr., High Hampton Inn, Cashiers, NC.)

terial infection which now would be no problem whatsoever. Following cremation, he was buried in the family plot in Greenwood Cemetery in Brooklyn, New York, and this is his tombstone (Fig. 6). This picture was taken by the late Dr. Emil Holman, who gave a copy to Dr. Blalock, and I think my copy came from Dr. Blalock. Mrs. Halsted lived only a few months after Dr. Halsted's death. She died in November of the same year and was buried with her family in the little graveyard adjacent to Trinity Episcopal Church in Columbia, South Carolina (a fascinating place to visit because, in a space not larger than the front of this auditorium, one can find the graves of Wade Hampton I, II, and III, as well as other great figures of the Confederacy, Caroline Hampton Halsted, and Frank Hampton). It is quite an experience, if you ever visit Columbia, South Carolina.

I would like to close with this frequently quoted summation of Halsted's life by H.L. Mencken, certainly somebody who did not find it necessary to admire many men:

"He was one of the first surgeons to employ courtesy in surgery, to show any consideration for the insides of a man he was operating on. The old method was to slit a man from the

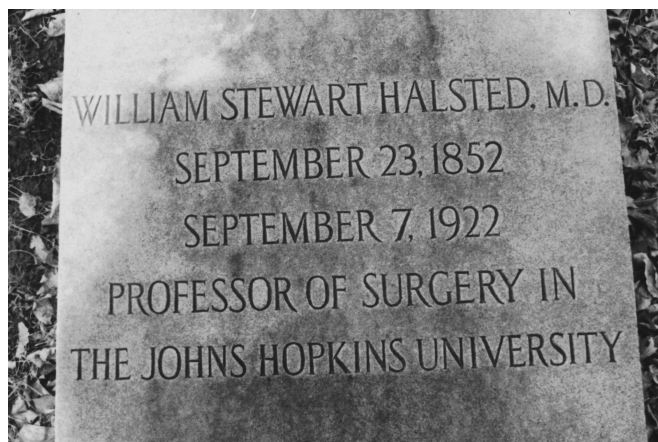


FIGURE 6. Dr. Halsted's tombstone in Greenwood Cemetery, Brooklyn, NY. (Reproduced with permission from Dr. Bernard Jaffe.).

chin down, take out his bowels, and spread them on a towel while you sorted them. Halsted held that if you touched an intestine with your finger you injured it and the patient suffered the effects of the injury. That was a new doctrine when he began. Halsted introduced rubber gloves. He invented the technique of shutting off the area of operation, blocking it with shots of cocaine in the surrounding nerves so

there would be less general shock. He was gentle and a little inhuman. He had to be because he was so sensitive.

He married a Johns Hopkins nurse, the Confederate General Wade Hampton's daughter [actually it was his niece]. They lived a strange sequestered life in a great big house where each had his own quarters and neither saw anybody. Halsted had an odd detached way always, even when he was operating. He would start an operation, go on for a bit, and then seem to get tired and say to his assistant, 'You see what I want to do, you finish it,' and walk away. But Max Brödle, who worked with them all, always said Halsted was the pick of the Big Four. He knew 'things.'"

After his death, Dr. Halsted's influence spread throughout the United States, and indeed the world. Many important surgical programs, such as the one here at Duke, were started by Halsted's students. In many respects, all of surgery ultimately became "Halstedian." Thank you.

### ACKNOWLEDGMENTS

*The editor would like to thank Dr. Olch's wife, Mary, for her generous help and permission to publish this work. Additionally, Ms. Christine Ruggere, Associate Director, Institute of the History of Medicine, Johns Hopkins University, was extremely helpful with checking names and references. Finally, Ms. Mary Teloh, History of Medicine Librarian, Vanderbilt University Medical Center, provided important assistance.*